

FILED AUG 25 1941 73

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Flora Alice Casebolt

3. (b) If veteran, _____ name war _____ 3. (c) Social Security No. _____

4. Sex F 1. Color or race W. 5. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robt. Casebolt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 7 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Miami Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

MOTHER FATHER { 12. Name Henry Mertens
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Casebolt
(b) Address 517 So 6 St
17. (a) Burial (b) Date thereof 7-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of Internal Director Barbers
(b) Address 1024 Chamberlaine
19. (a) 7/8/41 (b) Allie Selby
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 010
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 517 So 6 St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1941 hour 6 minute 15 P.
21. I hereby certify that I attended the deceased from July 3
10 am 1941 to July 3 1941
that I last saw him alive on _____
and that death occurred on the _____ and hour stated above.

Immediate cause of death Coronary thrombosis
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Johnnie (M. D. or other) 0
Address Columbia signed 7/7/41

JAN 9 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Tom M. Harg

Licensed Embalmer No.

4067

P. O. Address

Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.